

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TCD		4/19/99
O.I.P.E. CLASSIFIER		25	04-22-98
FORMALITY REVIEW	YC	70017	4-29-99 6-16-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 10-8-98
2	✓ 10-8-98
3	✓ 10-8-98
4	✓ 10-8-98
5	✓ 10-8-98
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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